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|       | PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                |                                                                 |                                                              |                      |                                             |                                       |              |                    | Application of Docket Number 5/ |            |                    |                        |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|----------------------|---------------------------------------------|---------------------------------------|--------------|--------------------|---------------------------------|------------|--------------------|------------------------|
|       | CLAIMS AS FILED - PART I (Cotumn 1) . (Cotumn 2)                                                                                                                                       |                                                                 |                                                              |                      |                                             |                                       |              | SMALL E            | NTITY                           | OR         |                    | R THAN<br>ENTITY       |
|       |                                                                                                                                                                                        | FOR                                                             | NUMB                                                         | NUMBER FILED         |                                             | NUMBER EXTRA                          |              | RATE               | FEE                             |            | RATE               | FEE                    |
|       |                                                                                                                                                                                        | IC FEE<br>CFR 1.15(a))                                          |                                                              |                      |                                             |                                       | 1            | _ rang             | •                               | OR         | 10.12              |                        |
|       | 101                                                                                                                                                                                    | AL CLAIMS<br>CFR 1.16(c))                                       | 1/1/                                                         | /// minus 20 * ·     |                                             |                                       | 1            | x s -              |                                 |            | x \$=              |                        |
|       | IND                                                                                                                                                                                    | EPENDENT CLA                                                    | MS TY                                                        | minus 3 = -          |                                             |                                       | l            |                    |                                 | OR         |                    |                        |
|       | <u> </u>                                                                                                                                                                               |                                                                 |                                                              |                      |                                             |                                       | 1            | × * *              |                                 | OR         | × \$=              |                        |
|       | MULTIPLE DEPENDENT CLAIM PRÉSENT (37 CFR 1.16(d))                                                                                                                                      |                                                                 |                                                              |                      |                                             |                                       |              | +5=                |                                 | OR         | +\$                |                        |
|       | " If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                              |                                                                 |                                                              |                      |                                             |                                       |              | TOTAL              |                                 | OR         | TOTAL              |                        |
|       |                                                                                                                                                                                        | С                                                               | LAIMS AS AM                                                  | - PART II            |                                             |                                       |              |                    |                                 |            |                    |                        |
| 18/02 | (Column 1) (Column 2) (Column 3)                                                                                                                                                       |                                                                 |                                                              |                      |                                             |                                       | •            | SMALL E            | NTITY                           | OR         | OTHER<br>SMALL     |                        |
|       | ENDMENT A                                                                                                                                                                              |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |              | RATE               | ADDI-<br>TIONAL<br>FEE          |            | RATE               | ADDI-<br>TIONAL<br>FEE |
|       | Ž                                                                                                                                                                                      | Total<br>(37 CFR 1.16(d)                                        | 10/                                                          | Minus                | 70.                                         | -                                     |              | X 8=               |                                 | OR         | x s=               |                        |
|       | EN EN                                                                                                                                                                                  | Independent<br>(37 CFR 1.16(b))                                 | . 14                                                         | Minus                | 4                                           | -                                     | -            | x s=               |                                 | OR         | x \$=              |                        |
|       | AM                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) |                                                              |                      |                                             |                                       |              | +5_==              |                                 | OR         | +8=                |                        |
|       |                                                                                                                                                                                        |                                                                 |                                                              |                      |                                             |                                       | •            | TOTAL<br>ADD'L FEE |                                 | OR         | TOTAL<br>ADD'L FEE |                        |
|       | / (Cotumn 1) (Cotumn 2) (Cotumn 3)                                                                                                                                                     |                                                                 |                                                              |                      |                                             |                                       |              | MODELLE !          |                                 |            | ,000,00            |                        |
|       | т в                                                                                                                                                                                    | stadio                                                          | CLAIMS<br>REMAINING<br>AFTER                                 |                      | HIGHEST<br>NUMBER<br>PREVIOUSLY             | PRESENT<br>EXTRA                      |              | RATE               | ADDI-<br>TIONAL                 |            | RATE               | ADDI-<br>TIONAL        |
|       | ENT                                                                                                                                                                                    | M Todas                                                         | AMENDMENT                                                    | Minus                | PAID FOR                                    | - 17                                  |              | -                  | FEE                             |            |                    | FEE                    |
|       | MON                                                                                                                                                                                    | (37 CFR 1.15(e))<br>Independent                                 | . 6                                                          | Minus                |                                             | -6                                    |              | x s                |                                 | OR         | x s                |                        |
|       | ME                                                                                                                                                                                     | (37 OFR 1.18(b))                                                | .3                                                           | HILL COS             | 7                                           | 1.0                                   |              | X 5=               | <b>\</b>                        | OR         | x 5=               |                        |
|       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))                                                                                                                        |                                                                 |                                                              |                      |                                             |                                       |              | +8=                |                                 | OR         | +5=                |                        |
|       |                                                                                                                                                                                        |                                                                 |                                                              |                      |                                             |                                       |              | TOTAL<br>ADD'L FEE |                                 | OR         | ADD'L FEE          |                        |
|       | (Column 1) (Column 2) (Column 3)                                                                                                                                                       |                                                                 |                                                              |                      |                                             |                                       |              |                    |                                 | 1          |                    |                        |
|       | NTC                                                                                                                                                                                    |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |              | RATE               | ADDI-<br>TIONAL<br>FEE          |            | RATE               | ADDI-<br>TIONAL<br>FEE |
|       | ME                                                                                                                                                                                     | Total<br>(37 CFR 1.19(1))                                       | 4                                                            | Minus                | 98                                          | =                                     |              | x s_ =             |                                 | OR         | x s=               |                        |
|       | ENDMENT                                                                                                                                                                                | Independent<br>Q7 CFR 1.18(b))                                  | •                                                            | Minus                | ***                                         | =                                     |              | X \$               |                                 | OR         | x \$ =             |                        |
|       | AM                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) |                                                              |                      |                                             |                                       |              |                    |                                 | OR         | +: =               |                        |
| - 1   | TOTAL                                                                                                                                                                                  |                                                                 |                                                              |                      |                                             |                                       |              |                    |                                 |            | TOTAL              |                        |
|       | ADD'L FEE  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Fighest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20". |                                                                 |                                                              |                      |                                             |                                       |              |                    |                                 | OR         | ADD'L FEE          |                        |
|       | •                                                                                                                                                                                      | " If the "Highest !<br>" If the "Highest !                      | Number Previously<br>Number Previously<br>Imber Previously ( | Paid For<br>Paid For | IN THIS SPACE<br>IN THIS SPACE I            | is less than 20,<br>is less than 3, e | enti<br>nter | *3*.               | he appropriate                  | e box in ~ | dumn 1             |                        |

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Comfidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.